

**COMPREHENSIVE COMMUNITY MENTAL HEALTH SERVICES
FOR CHILDREN AND THEIR FAMILIES PROGRAM**

Child, Adolescent and Family Branch
Center for Mental Health Services
Substance Abuse and Mental Health Services Administration
U.S. Department of Health and Human Services

QUARTERLY REPORT

Project Name: Children's Mental Health Initiative	Prepared by: DeDe Sieler
Date: October 29, 2003	
Quarterly Report Period(s): June 2003 through August 2003	

I. Goals of the Project:

- *Have there been any changes in the goals of the project this quarter and for what reasons?* None

If there are no changes, describe progress toward achievement of the goals as described in your application.

1.) Outcome-driven service delivery, supported by rigorous evaluation.

Progress continues in service delivery, with committees focusing on outcomes of programs and projects funded by the grant and the review of the evaluation data from Portland State University.

The Community of Care Advisory Council's (COCAC) Resource Management Committee finalized a year-long process of reviewing all the programs funded and supported by the CMHI grant. A report was prepared and presented to the COCAC that outlined recommendations regarding the sustainability of the projects funded by the grant. The COCAC will be considering the recommendations and looking for ways to leverage and develop additional funding sources. These recommendations also have implications for how the COCAC will operate and structure itself in the future.

2.) System Wide Management Information System

The implementation of new software continues. All Clark County agencies will be "live" in October with all data being current by 11/30/03.

3.) Enhanced involvement of consumers at all levels of the system of care

Recommendations from families regarding respite care are being addressed by the Advisory Council. Family members met with agency administrators from the Department of Community Services, Juvenile Justice and the Department of Child and Family Services. Also present in the meeting was the respite care provider that families in the community recommended a contract be developed with. A discussion around the funding changes that are occurring at the State level and the impact that will have for the community was shared with attendees. A commitment was made by those present to continue to follow-up on the respite care recommendations.

The Community Partners Committee continues to do outreach and provide support to families that need support in moving forward with the challenges they face. The number of families accessing the committee has increased over the last quarter.

Family members continue to participate as partners supporting families in services, and as members of all committees. The involvement of parent partners and family specialists at all levels of the system of care has proven to be an invaluable resource and support for families as they receive support from agencies within the community.

4.) Development of a Children's Trust Fund

Flex funds continue to be disbursed to families with children in services. Recommendations for sustaining funding and developing or creating funds disbursed through a non-profit (The Youth Foundation) will be under consideration as a part of the Resource Management Committee recommendations that are being discussed and considered by the COCAC.

5.) Expanded system of case finding, screening and assessment

Outreach to school personnel, service providers, and families in terms of access to mental health services continues. Plans are underway to repeat the successful outreach effort completed last year to assure that everyone in the community has information that will reach families.

6.) Cross system program for increased cultural competence

Renata Rhodes, Chairperson for the Clark County Cultural Competency Committee gave a presentation to the general public at a quarterly Community of Care meeting. The focus of the presentation was to inform the community about the history of the committee as well as the future direction of the committee. A copy of that presentation is attached as an appendix.

The Cultural Competency Committee is also sponsoring the 2003 Cultural Competency training titled "Expanding the meaning of culture". This training is scheduled for October 10, 2003.

7.) Enhanced capacity for resource mapping and asset identification

Networking with county and other community initiatives continues to assure that access to resources are available to families. Planning is underway to make a presentation to the community in October, 2003 about the total amount of funding that flows into this community to serve children.

Representatives from mental health, school districts, juvenile justice, developmental disabilities, health district, alcohol and drug services, child and family services and prevention programs are scheduled to present their information and field questions from families and other community members.

Appendices I

- **Clark County Cultural Competency Committee**

II. Target Population of Children who have Serious Emotional Disturbances:

- *Number of children newly enrolled in services this quarter only:*

The Clark County Department of Community Services is currently in the process of converting to a new Management Information System. The number of children newly enrolled in services from June through August, 2003 will not be able to be calculated until the existing data in the outgoing MIS system is converted into the new MIS system. All Clark County agencies will be live in October and all data will be caught up and accurate by 11/30/03. The next scheduled quarterly report will highlight information from 5/30/03 – 11/30/03.

- *Number of children served to date:*

540 as of 5/30/03

- *How does your enrollment effort reflect the ethnic/racial diversity of the entire geographic area defined in your application?*

The enrollment reported to date continues to reflect the high percentage of Caucasian population with fewer diverse populations.

- *Across all systems partners; how many children, as of this reporting period, are currently being served:*
Out of state: 1
Out of Community: 22

III. Child and Family Services/Supports:

- *Which of the mandated services (as identified in the Guidance for Applicants) has been implemented?*

All mandated services continue to be provided.

The Family Action Committee Respite Care Subcommittee forwarded twelve recommendations to the Advisory Council, with a priority for the following three recommendations:

1. Support expanding existing respite care programs (Caring Connections for example).
2. Fund a "Care Givers Night Out" (similar to The Arc's Free Time or Sib Shop).
3. Identify one agency as the key information and referral agency for respite care (Childcare Resource and Referral, for example). The agency should be willing to meet with a group of family members to

develop a brochure that sets out the ways in which family calling for help can be successful in finding good matches with providers of their respite needs.

As identified earlier in this report, families and agency administrators as well as an existing respite provider have met to discuss the implementation of the top recommendation. Efforts are continuing to develop a contract with the provider to expand their respite care efforts.

- *Have barriers to development and implementation of the mandated services been identified and how are they being addressed?*

Work continues on sustaining services implemented with grant dollars. Alternate funding sources have been identified for a number of the initiatives currently being funded through CMHI grant dollars. The Community of Care Advisory Council is continuing to meet on a monthly basis to discuss alternate resources for those programs where funding has yet to be identified and/or secured.

The Community Partners Committee continues to meet with families to support them in accessing services and or resources not readily available. A summary of family meetings is captured in the Community Partners Children and Family Assistance Matrix. A copy of the matrix is in the appendices.

Appendices II

- **Community Partners Children and Family Assistance (matrix)**

IV. System Level Coordination/Infrastructure and Management Structure:

- *Identify management team members, listing participants by name, agency or constituency being represented, and their role on the team. Identify any changes in the make-up of the team since the previous quarterly report.*

Resignations and appointments to the Community of Care Advisory Council (COCAC) included the following:

All appointed positions remain the same.

School Representative: Resigned:
Marcia Fromhold, Assistant Superintendent
Evergreen School District

Family Representative: Resigned:
Donna Lyons and Sondra Martin
Reasons for resignations were cited as time constraints and other obligations.
Appointed:
Patricia Roe

Youth Representative: Resigned:
Evie Michaud
Reason for resignation was due to other school commitments.

Executive Director: Jeanne Mack
Reason for resignation was due to other employment.

- *Include any new or additional public policy, including memoranda of understanding and or legislation, developed since the last report.*

Presentations included on the agenda at the July general Community of Care meeting included updates from the Family Action Committee and the Resource Management Committee. Portland State University/Regional Research Institute also provided an update on the outcome evaluation they have been conducting for Clark County. A copy of the PSU presentation is located in the attached appendices.

A Working Agreement is in the process of final review between the Clark County Regional Support Network and the DSHS Division of Children and Family Services /Region VI. The purpose of the agreement is to create a structure that promotes a productive working relationship between the CCRSN and DCFS to

accomplish a joint/common mission. The working agreement states that “it is the common mission of both agencies to provide services to children and families that are guided by system of care principles which include strengths-focused, community-based, flexible, coordinated and individualized services.”

Exceptional Efforts Awards were also presented to three community members. A subcommittee of the Family Action Committee was responsible for developing guidelines and continues to be responsible for selecting the award winners. A plaque with names of community members who have received the Exceptional Efforts Award is currently hanging in the Clark County Public Service Center in the lobby of the Board of County Commissioners office. The intent is for the awards to be presented each quarter to family members, providers and community members. The award is given for outstanding and inspirational actions in the area of service/support to members of the community.

- *List optional services (as suggested but not mandated, in the Guidance For Applicants) being provided and identify how these services are being funded, managed, and supervised?*

As identified in previous quarterly reports, the community completes a yearly update on the Youth Suicide Prevention Plan. More than 36 community members, including educators, and county officials, have researched national and statewide prevention programs as well as ways to develop positive youth outcomes.

The suicide prevention team prioritized the implementation of three programs during the upcoming year:

1. **Teen Talk:** A phone and Internet forum in which trained teen volunteers are available to youth for “just talk” or referral to services. Seven teen volunteers are currently in their final phase of training. The anticipated date of program implementation is November 1, 2003.
2. **Applied Suicide Intervention Skills Training:** Trainers from the Community Empowerment project (a family run organization) have been trained to teach suicide intervention to caregivers, including professionals and volunteers. Six ASIST workshops are scheduled over the next year.
3. **Coping and Support Training Plus Parent Involvement:** A partnership with University of Washington, the program will work closely with at risk students in the school setting. Through group sessions and counseling, the program is designed to help students learn life skills and manage stress. Data will be collected for the Universities Research Project.

The Connections program at the Juvenile Justice Center and the School Proviso projects continue. Both of these programs are excellent examples of mental

health joining with multiple systems to provide programs based upon system of care values and principles. In July, Portland State University presented updated outcome information regarding the Connections project. A copy of that presentation is attached in the appendices.

- *Describe linkages with universities, research projects, media, or other entities not directly involved in providing services to the target population.*

Throughout this report are a number of examples of our linkages with universities (Portland State University as well as the University of Washington).

- *Have barriers to any of the above listed activities been identified and if so, how are they being addressed?*

Improved communications and media coverage will help in making the community aware of needs. Funding possibilities will be discussed by agencies.

Appendices III

- **PSU Outcome Data Evaluation dated 7/03**
- **PSU Outcome Data on Connections 7/03**

V. Cultural Competence:

- *Describe efforts being made for staff of the site to reflect the diversity of the site community and any staff changes since the last quarterly report due to these efforts.*

Plans are underway for a Cultural Competency training in October. The focus will be on “Expanding the Meaning of Culture.” A youth panel will participate and a “how to” session on cultural assessment of consumers at intake will be presented.

VI. Family Involvement:

- *Describe how family members are involved in the implementation of the grant activities: i.e., service planning, data collection and dissemination, systems planning, budget development, informing policy makers about the services needed, and in policy development.*

Families are involved in all grant activities. Family members are involved in the Advisory Council and are employed to complete data collection and dissemination of that data to the community. Family members are also employed at each mental health agency to serve in a support role to other families as well as participate in the discussions around service planning and policy development.

The Family Action Committee continues to work on outreach to families and network with other entities that focus on services for families.

The participation of families in the Community Empowerment Project continues to grow. This project was created with parent input and continues to address the training and technical assistance needs of families.

- *Have barriers been identified in family involvement and how are they being addressed?*

Turnover of family members on the advisory council continues to create a lack of continuity. The Community of Care Advisory Council continues to discuss with families a variety of ways to bring information to the council. This discussion is relevant to how the council may be structured in the future.

VII. Social Marketing/Public Education Campaign:

- *Describe any changes to your social marketing/public education plan this quarter?*

The Social Marketing/Public Education campaign is moving forward with no significant changes. The Clark County Department of Community Services has placed enhanced efforts on the social marketing efforts through the hiring of a Public Information Officer, Geoff Knapp.

- *How has the national campaign team helped you this quarter.*

Posters from the national campaign have been posted with local information.

- *Who were your targeted key audiences and stakeholders this quarter? What were your key messages and how were they disseminated?*

Efforts to widen the audience beyond the families and providers have been undertaken.

A media packet has been developed for outreach efforts. The packet includes articles on mental health issues, websites, information on the Clark County System of Care and the Community of Care Supports and Services Brochure.

Copies of the media packet information have been included in previous quarterly reports.

- *Have barriers to the implementation of the public social marketing/public education efforts been identified, and if so, how are they being addressed.*

There are more opportunities and possibilities than there is time! It is also a challenge to connect the research data with the marketing message. Collecting family stories is important and continues to be one of the most effective means to assist with understanding. Work is currently being completed on a report to the community that will outline both the successes achieved since the beginning of the grant efforts within our community as well as the challenges that remain.

VIII. Evaluation:

Clark County System of Care Evaluation Quarterly Report
June 1, 2003 to August 30, 2003

The table below depicts the interviews completed during this three-month period, and the total interviews completed. Interviewing began in December 1999.

	June 2003 through August 2003	Cumulative total
Intake Descriptive Information Questionnaires	42	762
Number of children for whom baseline data collection is complete (youth and caregiver)	5	325
Number of children for whom 6-month follow-up data collection is complete	10	251
Number of children for whom 12-month follow-up data collection is complete	18	188
Number of children for whom 18-month follow-up data collection is complete	28	136
Number of children for whom 24-month follow-up data collection is complete	12	85
Number of children for whom 30-month follow-up data collection is complete	18	58
Number of children for whom 36-month follow-up data collection is complete	13	36

1. How are the positions for the national evaluation and any specific local evaluation being used to implement, interpret, and disseminate the evaluation data?

There is one full-time Family Information Specialist (interviewer) located at Columbia River Mental Health, one full-time FIS at the Department of Corrections—Juvenile Justice, one half-time Family Evaluator working with the evaluation team at PSU, and one full-time FIS with the Department of Community Services—Behavioral Health Services.

The FIS's continue to interview families throughout Clark County that have received mental health services through mental health providers, crisis intervention programs, or juvenile justice. The numbers of completed interviews are shown in the table above.

We have been coordinating with Juvenile Justice to obtain data in order to more thoroughly examine recidivism rates of youth in the study. During this quarter, a preliminary analysis and presentation of results was given to Connections during a broader presentation about Connections. A painfully detailed analysis of recidivism, including comparing rates of arrest to comparable youth in juvenile justice who were not in Connections, is underway.

2. How are the results and data being disseminated, with whom, and how is it being used for policy development?

- Several meetings were held with an ad-hoc “marketing committee” to discuss ways to gather and use information about the development of the system of care in Clark County over the last 5 years.
- In late June, we held two presentations at the “Building on Family Strengths” conference in Portland, Oregon:
 - “Is Caregiver Participation in Service Planning Related to Child Outcomes?” See this presentation at: <http://www.rri.pdx.edu/ClarkCo/participation2003.pdf>
 - “Family-Evaluator Collaboration: How to Make it Work. ” See this presentation at: <http://www.rtc.pdx.edu/PDF/presBFS03sess81.pdf>
- In July, we presented on general information from the outcome evaluation to the Community of Care General Meeting. See this presentation at: <http://www.rri.pdx.edu/ClarkCo/Policycouncil7-10-03.pdf>
- In July, we presented to the staff of Connections about general findings from their program. See this presentation at: <http://www.rri.pdx.edu/ClarkCo/juvenilejust7-22-03.pdf>
- Two semi-monthly data reports were released:
 - In July, “Restrictiveness of Living Situations” described how youth in the system of care tend to be less likely, over time, to live in restrictive settings such as juvenile detention or residential treatment.
 - In August, “Living Situations for Older Youth” described how youth 16 and older are more likely to live in restrictive settings and experience less stability in housing than youth under 16.
 - Both of these reports are available on our website at <http://www.rri.pdx.edu/ClarkCo/pgCCMonthlyDataRpts.htm>

Many other reports, presentations, and general information is available on our website, www.rri.pdx.edu/ClarkCo.

3. Have barriers to the implementation of the evaluation effort been identified and how are they being addressed?

There have been no major barriers to the evaluation effort during this timeframe. As always, we continue to work on increasing retention rates, ensuring the consistency and accuracy of data, and securing new interviews.

IX. Technical Assistance and Trainings:

- *Describe training activities that have occurred for your community this quarter.* The Community Empowerment Project continues to train family members, parent partners and other stakeholders.

Community Empowerment Project Quarterly Report for June '03 to August '03

Active Membership

As of Date	Member Type	# of members
8/31/03	Family Members (w/special needs kids)	229
	Parent Partners (employed by MH system)	41
	Community Members (other concerned citizens)	249
	<i>Total Membership</i>	519

<i>Trainings: June '03 to August '03</i>		
Name & Date	# of attendees	Satisfaction Rate (%)
Cross Agency System (CAS) - Jun 2003	25	100.00%
Parent Partner Monthly Meeting - Jun 2003	11	95.00%
2nd Annual Meeting - Building Our Future - Jun 2003	13	94.92%
Core Parent Partner - Jul 2003	4	100.00%
Parent Partner Monthly Meeting - Aug 2003	6	100.00%
Totals	59	97.90%

- *Future plans for training.* Trainings will continue as listed above with the addition of ASIST Training for Suicide Prevention. In addition, parents were asked for input and direction for the next year of operations. A copy of the minutes from the Community Empowerment Project's Annual Meeting is attached in the appendices.
- **Appendices IV:**
 - **Community Empowerment Project – Annual Meeting Minutes**

X. Sustainability

- *List percentages of your match funds which comes from public or private sources*

We have the required CMHI match for the fourth quarter covering June-August 2003 in the amount of \$140,177.78. The match is 100% public funds.

XI. Lessons Learned

- *Please list lessons learned or accomplishments your community has experienced this quarter that you would like to share with others.*

The accomplishments and challenges for the Clark County Community of Care are currently being reviewed by the Advisory Council and the subcommittees. As previously stated, these lessons and accomplishments will be documented in a report to the community.

The work of the Family Action Committee on respite care has moved forward to the child serving agencies for support. An opportunity for the agencies to collaborate on these recommendations is at hand. This is a positive example of family voice and a process of moving to action.